Appendix C

ADEM Closure Assessment Report for Parcel 132(7), Former Gas Station, Building 1594, at Former Motor Pool Area 1500, Parcel 94(7), Anomaly A-6(1)

ADEM UST CLOSURE
SITE ASSESSMENT REPORT

(Use a Separate form for a group of tanks in each tank pit)

FACILITY I.D. NO.:	NA	DATE OF THIS REPORT:	8/2/00
INCIDENT NO. (If applicable).	UST __ __ - __ __ - __ __	UST OWNER:	U.S. Army
FACILITY COUNTY:	Calhoun	ADDRESS:	Ft. McClellan Anniston, AL
FACILITY NAME:	Parcel 132	CONTACT NAME:	
LOCATION:	A-6(1)	CONTACT PHONE #:	
ADDRESS:	Ft. McClellan Anniston, AL		

NAME OF CONTRACTOR USED TO CLOSE (REMOVE): IT Corporation

NAME OF CONSULTANT CONDUCTING ASSESSMENT: IT Corporation

NAME OF LABORATORY USED: Severn Trent Laboratories

PRIOR TO BEGINNING CLOSURE, THE CONTRACTOR SHOULD BECOME FAMILIAR WITH ALL CLOSURE PROCEDURES IN AMERICAN PETROLEUM INSTITUTE (API) BULLETIN 1604, "REMOVAL AND DISPOSAL OF USED UNDERGROUND PETROLEUM STORAGE TANKS" AND API BULLETIN 2015 "CLEANING PETROLEUM STORAGE TANKS". THESE API BULLETINS ARE AVAILABLE FROM THE AMERICAN PETROLEUM INSTITUTE.

NUMBER OF TANKS CLOSED: **NONE (none present)(previously removed; no record)**

NUMBER OF TANKS REMAINING AT SITE: **NONE**

CLOSURE DATE: **8/2/00 (piping)**

UNIQUE TANK #:	**UNK**	**UNK**			
TANK SIZE:	**UNK**	**UNK**			
TANK CAPACITY:	**10,000 gal**	**10,000 gal**			
TANK AGE:	**UNK**	**UNK**			
DATE TANK LAST USED:	**UNK**	**UNK**			
SUBSTANCE STORED:	**UNK**	**UNK**			
TYPE OF PRODUCT PIPING:	**2" STEEL**	**2" STEEL**			
(Pressurized/Suction)	**UNK**	**UNK**			
FARM TANK:	☐	☐	☐	☐	☐
HEATING OIL TANK:	☐	☐	☐	☐	☐

1. COMPLETE THE FOLLOWING SECTION FOR ALL CLOSURES:

a. Provide the results of a 500 ft. survey for domestic water supply wells in the following table and place their locations on the attached site map:

Name of Owner of Domestic Water Supply Well	Distance from UST Site	Depth of Well	Status: Active or Inactive?
NONE	NA	NA	NA

b. Provide the results of a 1,000 ft. survey for public water supply wells in the following table and place their locations on the attached site map:

Name of Owner of Public Water Supply Well	Distance from UST Site	Depth of Well	Status: Active or Inactive?
NONE	NA	NA	NA

c. Is the UST site located in a delineated wellhead protection or source water area?

YES ☐ NO ☒

d. Are there any public water supply surface water intakes within 500 ft. of the UST site?

YES ☐ NO ☒

If yes, locate the intake on the attached site map.

NOTE: If an active domestic water supply well or an active public water supply well is located within 500 ft. or 1,000 ft. respectively of the UST site, or if the answer to 1c. or 1d. is Yes, the Department may require groundwater sampling to occur at the UST site. If the groundwater sampling is not performed by the owner/operator during the closure site assessment, the Department may require that groundwater sampling occur as part of a Preliminary Investigation.

Groundwater sampling remains a requirement of the closure site assessment when shallow groundwater is present or when performing an in-place closure site assessment.

e. Indicate the current on-site land use and the most likely future land use:

Current On-Site Land Use			Most Likely Future On-Site Land Use	
Residential	☐		Residential	☐
Commercial	☐		Commercial	☐
Other	☒		Other	☒
Describe: Military Installation (being closed)			Describe: Active Recreational	

f. Describe the current off-site land use within 500 ft of the UST site. State whether the area, in general, is residential, commercial, mixed residential/commercial or other:

North:	Primarily woodland and/or undeveloped	
	Northeast:	
	Northwest:	
South:	Primarily woodland and/or undeveloped	
	Southeast:	
	Southwest:	
West:	Primarily woodland and/or undeveloped	
East:	Primarily woodland and/or undeveloped	

COMPLETE THE FOLLOWING SECTIONS AS APPROPRIATE BASED ON THE TYPE OF CLOSURE CONDUCTED:

2. TANK CLOSURE BY REMOVAL: Tanks previously removed, not found during investigative dig based on geophysical information.

a. Attach a topographic map showing the location of the facility and a general site map showing the area surrounding the UST site.

b. Attach plan and sectional views of the excavation and include the following:

1. All appropriate excavation dimensions.
2. All soil sample locations and depths using an appropriate method of identification.
3. Location of areas of visible contamination.
4. Former location of tank(s), including depth, with tank Identification Number.

c. Is the groundwater more than 5 feet below the bottom of the excavation? YES ☒ NO ☐

If no, provide the depth from the ground surface to the groundwater table. Feet: _____

Indicate method used to determine water table depth:

	YES	NO
1. Excavation extended 5 feet below base of pit:	☒	☐
2. Boring or monitoring well:	☐	☐
3. Topographic features (Method must be approved by ADEM prior to use):	☐	☐

d. Was there a notable odor found in the excavation? YES ☐ NO ☒

If yes,

(1) The odor strength was (mild) (strong) (other) describe: _____

(2) The odor indicates what type of product: (gasoline)(diesel) (waste oil) (kerosene) (other) describe: _____

e. Was there water in the excavation? YES ☐ NO ☒

If yes, how was it handled?

	YES	NO
1. One time discharge to sanitary sewer with local approval?	☐	☐
2. Hauled to facility capable of treating constituents of petroleum products in water?	☐	☐
3. Hauled to local POTW with local approval?	☐	☐
4. Treated on-site with NPDES approved discharge?	☐	☐

5. Other? Explain: _____

f. Was free product found in the excavation? YES ☐ NO ☒

If yes,

1. How was free product handled? Describe: _____
2. What was the measured thickness of free product? _____

g. Were visible holes noted in the tank(s)? YES ☐ NO NA

If yes,
Indicate which tanks(s) by the Unique Tank Number: _____

Also, describe the location(s) and provide general description as to the size and number of holes for above noted tanks, (Example: 3 square feet of pinholes or 3 inch diameter hole):
No tank found. Anomaly investigated (suspected as potential UST) was determined to be an 18"-diameter corrugated metal drain pipe attached to an old metal catch basin grate (southeast end).

h. Describe the soil type and thickness of all soil layers encountered in the excavation:
Brownish-red silty, gravelly, clayey SAND (backfill). Top of drainage pipe Exposed at approx. 1.5' below grade.

i. Was the excavation backfilled? YES ☒ NO ☐

If yes, provide the date of backfilling: 7/27/00 due to no visual or PID indications or tanks present.

DO NOT BACKFILL WITH MATERIAL THAT HAS OR POTENTIALLY HAS A TPH OF GREATER THAN 100 PPM!

3. TANK CLOSURE WITHOUT REMOVAL(CLOSED IN-PLACE): N/A

a. Attach a topographic map showing the location of the facility and a general site map showing the area surrounding the UST site.

b. Attach plan and sectional views of the site and include the following:

1. Location of the tank(s) including depth,
2. Location of tank(s) with respect to other tanks, if applicable,
3. Soil boring locations and depths at which soil samples were taken,
4. Boring logs.

c. Attach groundwater sampling data, if required based on depth to groundwater.

d. Is the groundwater more than 5 feet below the bottom of the tank? YES ☐ NO ☐

Provide the depth from the ground surface to the groundwater table. Feet: _____

Refer to Closure Site Assessment Guidance (page 11) for further details regarding requirements for determining groundwater elevation.

e. Was there a notable odor found in the bore holes? YES ☐ NO ☐

If yes,
(1) The odor strength was (mild) (strong) (other) describe: _____

(2) The odor indicates what type of product: (gasoline) (diesel) (waste oil) (kerosene) (other) describe: _____

f. Was free product found in the bore holes? YES ☐ NO ☐

If yes,
1. How was free product handled? Describe: _____

2. What was the measured thickness of free product? _____

g. Describe the soil type and thickness of all soil layers encountered in the bore holes and provide boring logs:

_____

_____

_____

h. Specify the inert solid material used to fill the tank(s):

_____

_____

i. Provide the date the tank(s) were filled: _____

j. Were the bore holes properly sealed with bentonite/soil? YES ☐ NO ☐
If yes, provide the date: _____

4. PRODUCT PIPING CLOSURE BY REMOVAL:

a. Attach a topographic map showing the location of the facility and a general site map showing the area surrounding the UST site.

b. If the piping was longer than 10 feet, attach plan and sectional views of the piping trench and include the following:

1. All appropriate excavation dimensions and length of piping,
2. All soil sample locations and depths using an appropriate method of identification.
3. Location of areas of visible contamination.

c. Was the piping purged of product prior to closure? YES ☐ NO ☒
If yes, was the product properly disposed of? ☐ ☐

d . Is the groundwater more than 5 feet below the bottom of the piping trench? YES ☒ NO ☐

If no, provide the depth from the ground surface to the groundwater table. Feet: _____

Indicate method used to determine water table depth:

	YES	NO
1. Excavation extended 5 feet below base of trench:	☒	☐
2. Boring or monitoring well:	☐	☐
3. Topographic features (Method must be approved by ADEM prior to use):	☐	☐

e. Was there a notable odor found in the piping trench? YES ☐ NO ☒

If yes,

(1) The odor strength was (mild) (strong) (other) describe: _____

(2) The odor indicates what type of product: (gasoline) (diesel) (waste oil) (kerosene) (other) describe: _____

f. Was there water in the piping trench? YES ☐ NO ☒

If yes, how was it handled?

	YES	NO
1. One time discharge to sanitary sewer with local approval?	☐	☐
2. Hauled to facility capable of treating constituents of petroleum products in water?	☐	☐
3. Hauled to local POTW with local approval?	☐	☐
4. Treated on-site with NPDES approved discharge?	☐	☐

5. Other? Explain: _____

g. Was free product found in the piping trench? YES ☐ NO ☒

If yes,

1. How was free product handled? Describe: _____

2. What was the measured thickness of free product? _____

h. Were visible holes noted in the piping? YES ☒ NO ☐

If yes, indicate the location(s) and provide a general description as to the size and number of holes:
Two 2"-diameter, 2' long steel pipes extending east from pad; not capped (hole).

i. Describe the soil type and thickness of all soil layers encountered in the piping trench:
Brownish-red silty, gravelly, clayey SAND (backfill)
Excavation dimensions are approx. 3' wide X 7.5' deep X 5' long to expose all of the pipe and to explore depth to the water table. Material was stockpiled and sampled.

	YES	NO
j. Was the piping trench backfilled?	☐	☒

If yes, provide the date of backfilling: _____

DO NOT BACKFILL WITH MATERIAL THAT HAS OR POTENTIALLY HAS A TPH OF GREATER THAN 100 PPM!

5. PRODUCT PIPING CLOSURE WITHOUT REMOVAL (CLOSED IN-PLACE): N/A

a. Attach a topographic map showing the location of the facility and a general site map showing the area surrounding the UST site.

b. Attach plan and sectional views of the site and include the following:

1. Location of the piping including depth,
2. Location of piping with respect to tank(s), if applicable.
3. Soil boring locations and depth at which soil samples were taken,
4. Boring logs.

c. Attach groundwater sampling data, if required based on depth to groundwater.
Refer to Closure Site Assessment Guidance for further details regarding requirements for groundwater sampling.

	YES	NO
d. Was the piping purged of product prior to closure?	☐	☐
If yes, was product properly disposed of?	☐	☐
e. Was the piping capped?	☐	☐
f. Is the groundwater more than 5 feet below the bottom of the excavation?	☐	☐

Provide the depth from the ground surface to the groundwater table. Feet: _____

Refer to Closure Site Assessment Guidance (page 11) for further details regarding requirements for determining groundwater elevation.

	YES	NO
g. Was there a notable odor found in the bore holes?	☐	☐

If yes,
(1) The odor strength was (mild) (strong) (other) describe: _____

(2) The odor indicates what type of product: (gasoline) (diesel) (waste oil) (kerosene) (other) describe: _____

	YES	NO
h. Was free product found in the bore holes?	☐	☐

If yes,

1. How was free product handled? Describe: _____

2. What was the measured thickness of free product? _____

i. Describe the soil type and thickness of all soil layers encountered in the bore holes and provide boring logs:

_____

_____

_____

_____

j. Were the bore holes properly sealed with bentonite/soil? YES ☐ NO ☐

If yes, provide the date: _____

6. GROUNDWATER SAMPLING (If required by attached closure guidelines): N/A

a. Indicate the following on the plan and section views required by Section 2.b., 3.b, 4.b, or 5.b. above:

1. The location and depth of the 1 up-gradient and 3 down-gradient borings or monitoring wells. (Monitoring wells in lieu of borings are not required, but may be desirable in certain situations.)

2. The most probable direction of groundwater flow. State basis for determining direction:

_____

_____

_____

b. Was a monitoring well used? YES ☐ NO ☐

If yes, attach a schematic drawing of the well(s) and all boring logs.

c. **SUMMARY OF GROUNDWATER SAMPLING RESULTS: N/A**

Date of Sampling: _____

Boring or MW #:							
	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l
Benzene							
Ethylbenzene							
Toluene							
Xylenes							
MTBE							
Anthracene							
Benzo(a)anthracene							
Benzo(a)pyrene							
Benzo(b) fluoranthene							
Benzo(k)fluoranthene							
Benzo(g,h,I)perylene							
Chrysene							
Fluoranthene							
Fluorene							
Naphthalene							
Phenanthrene							
Pyrene							
Lead							

Note: Attach additional tables as needed based on number of groundwater samples or variations in sampling dates.

d. Attach the original chain of custody record (**copies are not acceptable**) and the original laboratory data sheet (**copies are not acceptable**) for each sample.

7. SUMMARY OF SOIL ANALYTICAL DATA: N/A

a. Provide the analytical data obtained from the site in the following tables:

TANK PIT SAMPLES:

Date of Sampling: _____

Sample #:							
	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
TPH OPTION:							
TPH							
Lead							
COC OPTION:							
Benzene							
Ethylbenzene							
Toluene							
Xylenes							
MTBE							
Anthracene							
Benzo(a)anthracene							
Benzo(a)pyrene							
Benzo(b) fluoranthene							
Benzo(k)fluoranthene							
Benzo(g,h,I)perylene							
Chrysene							
Fluoranthene							
Fluorene							
Naphthalene							
Phenanthrene							
Pyrene							
Lead							

Note: Attach additional tables as needed based on number of soil samples or variations in sampling dates.

PIPING & DISPENSER SAMPLES:

Date of Sampling: **7/27/00**

Sample #:	LE0008						
	East end of pipe						
	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
TPH OPTION:							
TPH							
Lead							
COC OPTION:							
Benzene	ND						
Ethylbenzene	ND						
Toluene	ND						
Xylenes	ND						
MTBE							
Acenaphthene	ND						
Acenaphthylene	ND						
Anthracene	ND						
Benzo(a)anthracene	2.7						
Benzo(a)pyrene	3.4						
Benzo(b) fluoranthene	2.8						
Benzo(k)fluoranthene	2.6						
Benzo(g,h,I)perylene	2.4						
Chrysene	4.0						
Dibenz(a,h)anthracene	0.38J						
Fluoranthene	11.0						
Fluorene	ND						
Indeno(1,2,3-cd)pyrene	2.1						
Naphthalene	ND						
Phenanthrene	3.9J						
Pyrene	6.5						
Lead	84.6						

J – Estimated Result. Result is less than reporting limit.
ND – Analyte not detected above the method detection limit.

Note: Attach additional tables as needed based on number of soil samples or variations in sampling dates.

b. Attach the original chain of custody record (**copies are not acceptable**) and the original laboratory data sheet (**copies are not acceptable**) for each sample.

8. EXCAVATED SOIL

ALL EXCAVATED SOIL REQUIRES ANALYSIS PRIOR TO DISPOSAL. TANK CLOSURE SAMPLES FROM THE EXCAVATION MAY NOT BE REPRESENTATIVE OF THE LEVEL OF CONTAMINATION IN THE EXCAVATED SOIL.

For safety and other considerations, it is recommended that open pits and piping trenches should be backfilled as soon as possible with **clean backfill. Soils which have TPH levels greater than 100 ppm or soils for which the level of contamination has not been determined shall not be returned to the excavation pit(s) or piping trenches**.

a. If **piping** was closed by removal, provide an estimate of the volume of soil removed: 3 cubic yds

b. Provide a summary of analytical results for the excavated soil:

Date of Sampling: **7/27/00**

Sample #	TPH Results mg/kg	Lead Results (If applicable) mg/kg
LE8001	120	24.2

Note: Attach additional tables as needed based on number of soil sample or variations in sampling dates.

c. Attach the original chain of custody record (**copies are not acceptable**) and the original laboratory data sheet (**copies are not acceptable**) for each sample.

d. Attach the "Total Potential VOC Emissions Calculations" for soil removed.

e. Indicate current method and location of soil management and/or treatment prior to final disposal:

f. Check the method of soil disposal used or to be used:

- ☐ Return to the excavation pit only when TPH is less than or equal to 100 ppm and depth of groundwater is greater than 5 feet from the base of the pit.
- ☐ Spread in a thin layer (6" or less) on site only when TPH is less than or equal to 100 ppm
- ☒ Disposal in a landfill (See attached "Guidelines for the Disposal of Non-Hazardous Petroleum Contaminated Wastes").
- ☐ Incineration.
- ☐ Thermal volatilization.
- ☐ Recycling facility
- ☐ Other _____

g. If soil was disposed of prior to the submittal of this form, indicate the final destination below and attach copies of invoices, receipts, and "certificate of burn" (if soil was incinerated):

Three Corners Regional Landfill, 2205 County Rd 6, Piedmont, Alabama
Soil from Parcels 16(7), 132(7), and 137(7) was disposed of at the same time,
as indicated on the attached manifest.

9. TANK CLEANING: N/A

	YES	NO
a. The tank(s) were cleaned in accordance with American Petroleum Institute (API) Bulletin 2015 "Cleaning Petroleum Storage Tanks"?	☐	NA

If no, describe how tank(s) were cleaned:
No tanks were identified during investigative dig.

b. Provide an estimate of the volume of sludge removed from the tank: NA Gallons

c. Indicate the final destination of the sludge and attach invoices or receipts:

10. ATTACHMENTS

Attach the following to the closure form in the following order as applicable to the type of closure site assessment performed. Check each box to indicate that a particular map or information is attached to the closure site assessment form. The section of the closure site assessment form that indicates the required attachment is shown.

☒	Topographic Map showing location of site (Section 2.a., 3.a., 4.a., & 5.a.)	
☒	Area map showing general location of the site. Include land use on-site and within 500' of site. (Section 1)	
	☐	Include locations of domestic and public water supply wells, and surface water intakes (Section 1)
☒	Plan and sectional views of the site including the following: (Section 2.b., 3.b., 4.b., & 5.b.)	
	☐	Location of the closed tanks and piping including depth. Include any remaining tanks or piping at site. Include tank identification numbers.
	☐	Excavation dimensions of the tank system
	☒	Locations of soil samples taken for piping and tank which includes the analytical results.
	☐	Location of areas of visible contamination
	☐	Location of any stockpiled excavated soil
	☐	Location of soil borings for an in-place closure
☐	The location and depth of the one up-gradient and 3 down-gradient borings or monitoring wells (Section 6.a.)	
☐	Map illustrating the most probable direction of groundwater flow (Section 6.a.)	
☐	Schematic diagrams of the monitoring wells installed (Section 6.b.)	
☐	Boring logs of soil borings (Section 3.b., 5.b. &6.b.)	
☐	Site Classification Checklist	
☐	**Invoices and/or receipts for sludge disposal (Section 9.c.)**	
☒	Invoices, manifests and certificates of burn or disposal for soil disposal (Section 8.f.)	

☒	Attach the **original** chain of custody record (copies are not acceptable) for each sample which includes at least the following: (Sections 6.d., 7.b., & 8.c.)	
	☒	Sample identification number,
	☒	Date and time sample was taken,
	☒	Name and title of person collecting sample (see certification requirement on page 15 of this form),
	☒	Type of sample (soil or water),
	☒	Type of sample container,
	☒	Method of preservation,
	☒	Date and time sample was relinquished,
	☒	Person relinquishing sample,
	☒	Date and time sample was received by lab,
	☒	Person receiving sample at lab.

☒	Attach the **original** laboratory data sheet (**copies are not acceptable**) which includes at least the following: (Sections 6.d., 7.b., & 8.c.)	
	☒	A sample identification number which can be cross referenced with the soil sample locations indicated on the plan and sectional views required by Section 2.b., 3.b., 4.b., or 5.b. above
	☒	The sample analytical results with appropriate units,
	☒	The method used to analyze each sample,
	☒	The date and time the sample was analyzed,
	☒	The person analyzing the sample.

11. SIGNATURES

This form should be completed, signed, and returned, along with any other pertinent information, to the following address:

The Alabama Department of Environmental Management
Groundwater Branch
Post Office Box 301463
Montgomery, AL 36130-1463
(334) 270-5655

INCOMPLETE FORMS WILL BE RETURNED FOR CORRECTION.

Name of person taking soil and/or groundwater samples: James R. Messer

Company: IT Corporation

Telephone Number: 256-848-3499

I certify under penalty of law that I have obtained representative soil and/or groundwater samples using accepted sampling procedures.

Signature: _____ Date: _____

Either a Geologist or an Alabama Registered Professional Engineer must sign this form:

I certify under penalty of law that I have performed this closure site assessment in accordance with accepted soil and groundwater investigation practices; I am either a Geologist or an Alabama Registered Professional Engineer; I am experienced in soil and groundwater investigations; and the information I have submitted, to the best of my knowledge and belief, is true, accurate, and complete.

Signature of Geologist: _____ Date: _____

Signature of Alabama Registered Professional Engineer: David B. Tester, P.E. Date: 12/18/01

Alabama P.E. Registration Number: 23633

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature of Tank Owner: _____ Date: _____

FOR ADEM USE ONLY:

Reviewed By: _____ Date: _____

COMMENTS:

FORM 1133
11/05/97

FOR ADEM OFFICE USE ONLY	
TO: Air Division	FROM: UST Compliance Section

ADEM UST CLOSURE
TOTAL POTENTIAL VOC EMISSIONS CALCULATIONS

FACILITY I.D. NO.: NA

DATE OF THIS REPORT: 8/30/00

INCIDENT NO. (If applicable). UST __ __ - __ __ - __ __

UST OWNER: U.S. Army

FACILITY COUNTY: Calhoun

ADDRESS: Ft. McClellan, Anniston, AL

FACILITY NAME: Parcel 132

CONTACT NAME:

LOCATION: A-6(1)

CONTACT PHONE #:

ADDRESS: Ft. McClellan, Anniston, AL

Name of Consultant who performed calculations: James R. Messer

Consultant's Phone Number: 256-848-3499

	a	ppm x	b	cyds x .002 =	c	lbs. VOC emissions
Sample 1	30	ppm x	3	cyds x .002 =	0.18	lbs. VOC emissions
Sample 2		ppm x		cyds x .002 =		lbs. VOC emissions
Sample 3		ppm x		cyds x .002 =		lbs. VOC emissions
Sample 4		ppm x		cyds x .002 =		lbs. VOC emissions
Sample 5		ppm x		cyds x .002 =		lbs. VOC emissions
Sample 6		ppm x		cyds x .002 =		lbs. VOC emissions
Sample 7		ppm x		cyds x .002 =		lbs. VOC emissions
Sample 8		ppm x		cyds x .002 =		lbs. VOC emissions
Sample 9		ppm x		cyds x .002 =		lbs. VOC emissions
Sample 10		ppm x		cyds x .002 =		lbs. VOC emissions
Sample 11		ppm x		cyds x .002 =		lbs. VOC emissions
Sample 12		ppm x		cyds x .002 =		lbs. VOC emissions
Sample 13		ppm x		cyds x .002 =		lbs. VOC emissions
Sample 14		ppm x		cyds x .002 =		lbs. VOC emissions
Sample 15		ppm x		cyds x .002 =		lbs. VOC emissions

TOTAL POTENTIAL EMISSIONS = 0.18 lbs. VOC emissions

*** NOTE - If more samples are taken than indicated on this form, please attach additional pages as necessary.**

This form must be completed and submitted with the ADEM UST Closure Site Assessment Report Form.

FIGURES

LEGEND

- UNIMPROVED ROADS AND PARKING
- PAVED ROADS AND PARKING
- BUILDING
- TOPOGRAPHIC CONTOURS (CONTOUR INTERVAL - 5 FOOT)
- TREES / TREELINE
- PARCEL BOUNDARY
- GEOPHYSICAL SURVEY AREA
- BRIDGE
- CULVERT WITH HEADWALL
- SURFACE DRAINAGE / CREEK
- FENCE
- UTILITY POLE
- SANITARY SEWER LINE
- STORM DRAINAGE LINE

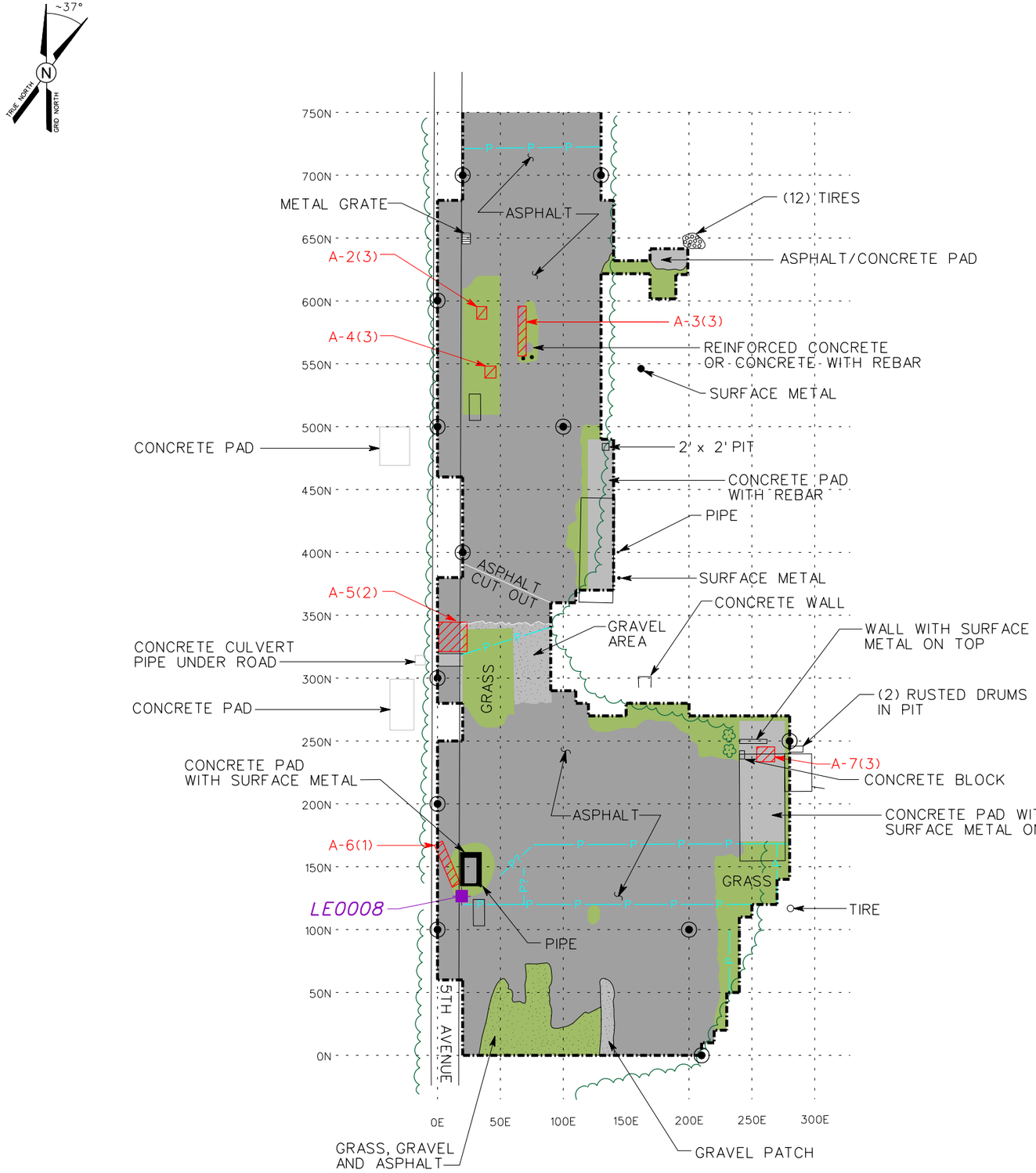
SCALE
0 200 400 FEET

FIGURE C-1
SITE MAP, PARCELS 132(7), 133(7), AND 134(7), FORMER GAS STATIONS, FORMER BUILDINGS 1594, 1494, AND 1594A, AT FORMER MOTOR POOL AREA 1500, PARCEL 94(7)

U. S. ARMY CORPS OF ENGINEERS
MOBILE DISTRICT
FORT McCLELLAN
CALHOUN COUNTY, ALABAMA
Contract No. DACA21-96-D-0018

IT CORPORATION
A Member of The IT Group

DBILLING: c:\cadd\design\783149es.161 | 02/13/01 04:41:43
DATE LAST REV.: | DRAWN BY: | STARTING DATE: 02/08/01 | DRAWN BY: D. BOMAR | DRAFT. CHCK. BY: | ENGR. CHCK. BY: J. JENKINS | INITIATOR: J. BOND | PROJ. MGR.: J. YACOUB | DWG. NO.: ...\783149es.161 | PROJ. NO.: 783149



LEGEND

- GEOPHYSICAL SURVEY BOUNDARY
- CIVIL SURVEY STAKE LOCATION
- GEOPHYSICAL ANOMALY (A-2(3))
- METAL GRATE
- PIPE/BURIED UTILITY
- TREES / TREELINE
- SOIL SAMPLE LOCATION

NAD 83 SPHEROID, ALABAMA EAST STATE PLANE DATUM		
LOCAL GRID COORDINATES	STATE PLANE COORDINATES	
0N,210E	1167770.373N	673446.227E
100N,0E	1167725.093N	673217.598E
100N,200E	1167846.812N	673376.590E
200N,0E	1167804.791N	673157.351E
250N,280E	1168015.176N	673348.335E
300N,0E	1167884.901N	673097.683E
400N,20E	1167976.889N	673053.056E
500N,0E	1168044.523N	672976.720E
500N,100E	1168105.109N	673056.274E
600N,0E	1168124.273N	672916.517E
700N,20E	1168216.274N	672872.470E
700N,130E	1168282.776N	672959.396E

SCALE
0 100 200 FEET

FIGURE C-2
SITE MAP WITH SAMPLE LOCATION AND GEOPHYSICAL INTERPRETATION
PARCELS 132(7), 133(7), AND 134(7)
FORMER GAS STATION
BUILDINGS 1494, 1594, AND 1594A AT
FORMER MOTOR POOL AREA 1500
PARCEL 94(7),
SOUTH PORTION OF THE SITE

U. S. ARMY CORPS OF ENGINEERS
MOBILE DISTRICT
FORT McCLELLAN
CALHOUN COUNTY, ALABAMA
Contract No. DACA21-96-D-0018

IT CORPORATION
A Member of The IT Group

DBILLING 02/14/01 04:09:51 PM c:\cadd\design\783149es.162
DRAFT. CHCK. BY: ENGR. CHCK. BY: J. JENKINS
DATE LAST REV.: DRAWN BY:
STARTING DATE: 02/08/01 DRAWN BY: D. BOMAR
INITIATOR: J. BOND PROJ. MGR.: PROJ. MGR.:
DWG. NO.: ...\783149es.162 PROJ. NO.: 783149

UST INVESTIGATION PHOTOGRAPHS

Photo 1: Anomaly A-6(1). Pre-dig conditions. Note concrete pad in left of photo. Facing southeast.

Photo 2: Anomaly A-6(1). Exposed piping from existing concrete pad.

Photo 3: Anomaly A-6(1). Exposed 18-inch diameter corrugated drain pipe (source of anomaly). Photo is of the west end of the pipe.

Photo 4: Anomaly A-6(1). Exposed 18-inch diameter corrugated drain pipe (source of the anomaly). Photo is of the southeastern end of the pipe.

SOIL DISPOSAL MANIFEST

WM WASTE MANAGEMENT

GENERATOR'S WASTE PROFILE SHEET

PLEASE PRINT IN INK OR TYPE

Service Agreement on File? ☐YES ☐NO — Profile Number: CR 8218

☐Hazardous ☒Non-Hazardous ☐TSCA — Renewal Date: / /

A. Waste Generator Information

1. Generator Name: Environmental Office
2. SIC Code: 9711
3. Facility Street Address: Bldg. 215, 15th Street
4. Phone: (256) 848-3499
5. Facility City: Fort McClellan
6. State/Province: Alabama
7. Zip/Postal Code: 36205
8. Generator USEPA/Federal ID #: AL4210020562
9. County: Calhoun
10. State/Province ID #:
11. Customer Name: M+M Chemical
12. Customer Phone: (256) 538-3800
13. Customer Contact: Angela Koury
14. Customer Fax: 256-538-1836
15. Billing Address 1239 Valley Drive, Attalla, AL 35954 ☐Same as above

B. Waste Stream Information

1. **Description**
   a. Name of Waste: Soil
   b. Process Generating Waste: Soil from UST Removal - Exempt.

c. Color	d. Strong odor (describe):	e. Physical state @ 70°F	f. Layers	g. Free liquid range
Dark	Mild - dirt	☒Solid ☐Liquid ☐Gas ☐Sludge ☐Other	☒Single Layer ☐Multi-layer	Ø to Ø % h. pH: Range to %

i. Liquid Flash Point: ☐<73°F ☐73-99°F ☐100-139°F ☐140-199°F ☐≥ 200°F ☒Not applicable

j. Chemical Composition (List all constituents [including halogenated organics, debris, and UHC's] present in any concentration and submit representative analysis):

Constituents	Concentration Range	Constituents	Concentration Range
Soil	100%		

TOTAL COMPOSITION MUST EQUAL OR EXCEED 100%

k. ☐Oxidizer ☐Pyrophoric ☐Explosive ☐Radioactive ☐Carcinogen ☐Infectious ☐Shock Sensitive ☐Water Reactive

l. Does the waste represented by this profile contain any of the carcinogens which require OSHA notification? (list in Section B.1.j) ☐YES ☒NO

m. Does the waste represented by this profile contain dioxins? (list in Section B.1.j) ☐YES ☒NO

n. Does the waste represented by this profile contain asbestos? ☐YES ☒NO
   If yes ☐friable ☐non-friable

o. Does the waste represented by this profile contain benzene? ☐YES ☒NO
   If yes, concentration ________ ppm
   Is the waste subject to the benzene waste operations NESHAP? ☐YES ☒NO

p. Is the waste subject to RCRA Subpart CC controls? ☐YES ☒NO
   If no, does the waste meet the organic LDR Exemption? ☒YES ☐NO
   If no, does the waste contain <500 ppmw volatile organic (VO)? ☒YES ☐NO
   Volatile organic concentration <131.0 ppmw

q. Does the waste contain any Class I or Class II ozone-depleting substances? ☐YES ☒NO

r. Does the waste contain debris? (list in Section B.1.j) ☐YES ☒NO

s. Is the waste subject to controls as a Group 1 wastewater or residual under the HON? ☐YES ☒NO
   If yes, is it a Table 8 ____ or Table 9 ____ compound?

2. **Quantity of Waste**
   Estimated Annual Volume 160 ☐Tons ☒Yards ☐Drums ☐Other (specify) ________

3. **Shipping Information**
   a. Packaging:
   ☒Bulk Solid; Type/Size: 20 cubic yard box ☐Bulk Liquid; Type/Size: ________
   ☐Drum; Type; Size: ________ ☐Other: ________

WASTE MANAGEMENT

GENERATOR'S WASTE PROFILE SHEET

PLEASE PRINT IN INK OR TYPE

b. Shipping Frequency: Units _____ Per: ☐Month ☐Quarter ☐Year ☒One time ☐Other _____
c. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If no, skip d, e, and f) ..... ☐YES ☒NO
d. Reportable Quantity (lbs.; kgs.): _____ e. Hazard Class/ID #: _____
f. USDOT Shipping Name: Non-Hazardous, Non-Regulated Solid
g. Personal Protective Equipment Requirements: _____
h. Transporter/Transfer Station: _____

C. Generator's Certification (Please check appropriate responses, sign, and date below.)

1. Is this a USEPA hazardous waste (40 CFR Part 261)? If the answer is no, skip to 2 ..... ☐YES ☒NO
   a. If yes, identify ALL USEPA listed and characteristic waste code numbers (D, F, K, P, U) _____
   b. If a characteristic hazardous waste, do underlying hazardous constituents (UHCs) apply? (If yes, list in Section B.1.j) ..... ☐YES ☐NO
   c. Does this waste contain debris? (If yes, list size and type in Chemical Composition - B.1.) ..... ☐YES ☐NO
2. Is this a state hazardous waste? ..... ☐YES ☒NO
   Identify ALL state hazardous waste codes _____
3. Is the waste from a CERCLA (40 CFR 300, Appendix B) or state mandated clean-up? ..... ☐YES ☒NO
   If yes, attach Record of Decision (ROD), 104/106 or 122 order or court order that governs site clean-up activity. For state mandated clean-up provide relevant documentation.
4. Does the waste represented by this waste profile sheet contain radioactive material, or is disposal regulated by the Nuclear Regulatory Commission? ..... ☐YES ☒NO
5. Does the waste represented by this waste profile sheet contain concentrations of Polychlorinated Biphenyls (PCBs) regulated by 40 CFR 761? (If yes, list in Chemical Composition - B.1.j) ..... ☐YES ☒NO
   a. If yes, were the PCBs imported into the U.S.? ..... ☐YES ☐NO
6. Do the waste profile sheet and all attachments contain true and accurate descriptions of the waste material, and has all relevant information within the possession of the Generator regarding known or suspected hazards pertaining to the waste been disclosed to the Contractor? ..... ☒YES ☐NO
7. Will all changes which occur in the character of the waste be identified by the Generator and disclosed to the Contractor prior to providing the waste to the Contractor? ..... ☒YES ☐NO

☒Check here if a Certificate of Destruction or Disposal is required.

Any sample submitted is representative as defined in 40 CFR 261 - Appendix I or by using an equivalent method. I authorize WM to obtain a sample from any waste shipment for purposes of recertification. If this certification is made by a broker, the undersigned signs as authorized agent of the generator and has confirmed the information contained in this Profile Sheet from information provided by the generator and additional information as it has determined to be reasonably necessary. If approved for management, Contractor has all the necessary permits and licenses for the waste that has been characterized and identified by this approved profile.

Certification Signature: Luther Owen Title: Natural Resource Specialist
Name (Type or Print): Luther Owen Company Name: Fort McClellan, AL Date: 7 Sept 00
☒Check if additional information is attached. Indicate the number of attached pages 18

D. WM Management's Decision — FOR WM USE ONLY

1. Management Method ☐Landfill ☐Non-hazardous Solidification ☐Bioremediation ☐Incineration ☐Hazardous Stabilization ☐Other (Specify) _____
2. Proposed Ultimate Management Facility: _____
3. Precautions, Special Handling Procedures, or Limitation on Approval: _____

4. Waste Form _____ 5. Source _____ 6. System Type _____

Special Waste Decision ..... ☐Approved ☐Disapproved
Salesperson's Signature: _____ Date: _____
Division Approval Signature (Optional): _____ Date: _____
Special Waste Approvals Person Signature: _____ Date: _____

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)*

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No. N/A — Manifest Document No. 00403	2. Page 1 of 1
3. Generator's Name and Mailing Address: ENVIRONMENTAL OFFICE, BUILDING 215 15TH STREET, FORT MCCLELLAN, AL 36205		A. Manifest Number WMNA 141043
4. Generator's Phone 256 848-3499		B. State Generator's ID
5. Transporter 1 Company Name: Vicki Griffin Trucking	6. US EPA ID Number	C. State Transporter's ID / D. Transporter's Phone
7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID / F. Transporter's Phone
9. Designated Facility Name and Site Address: THREE CORNERS REGIONAL LANDFILL, 2205 COUNTY ROAD 6, PIEDMONT, AL 36272	10. US EPA ID Number 1002000000000	G. State Facility's ID / H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. SOIL — WM Profile # CR8218			657- 410000	lbs	NH
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill__________ Solidification__________

Bio Remediation__________

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: Luther Owen — Signature "On behalf of": [signature] — Month Day Year: 09 28 00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JIMMY CRAMER — Signature: [signature] — Month Day Year: 9 / 7 60

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certificateion of receipt of non-hazardous materials covered by this manifest.

Printed/Typed Name — Signature — Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)*

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. N/A — Manifest Document No. 00404
2. Page 1 of 1

3. Generator's Name and Mailing Address
ENVIRONMENTAL OFFICE
BUILDING 215 15TH STREET
FORT MCCLELLAN, AL 36205

A. Manifest Number WMNA 141044

B. State Generator's ID

4. Generator's Phone 256 848-3499

5. Transporter 1 Company Name: Vicki Griffin Trucking

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. SOIL WM Profile # CR6218			ESY 40000	lbs.	NH
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill_____ Solidification_____

Bio Remediation_____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
Luther Owen	Luther Owen	09	18	00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Chad Griffin	Chad Griffin	09	18	00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certificateion of receipt of non-hazardous materials covered by this manifest.

Printed/Typed Name	Signature	Month	Day	Year

GENERATOR'S COPY

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)*

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. N/A — Manifest Document No. 00405

2. Page 1 of 1

3. Generator's Name and Mailing Address
ENVIRONMENTAL OFFICE
BUILDING 215 15TH STREET
FORT MCCLELLAN, AL 36205

4. Generator's Phone 256 848-3499

A. Manifest Number WMNA 141045

B. State Generator's ID

5. Transporter 1 Company Name VICKI Griffin Trucking — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

GENERATOR

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. SOIL WM Profile # CR8218			Est 400000	TS	NH
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill_____ Solidification_____

Bio Remediation_____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month	Day	Year
Luther Owen	Luther Owen	09	12	00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Michael Peterson	Michael Peterson	09	18	00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certificateion of receipt of non-hazardous materials covered by this manifest.

Printed/Typed Name	Signature	Month	Day	Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)*

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No.: N/A | Manifest Document No.: 00406

2. Page 1 of 1

3. Generator's Name and Mailing Address:
ENVIRONMENTAL OFFICE
BUILDING 215 15TH STREET
FORT MCCLELLAN, AL 36205

4. Generator's Phone: 256 848-3499

A. Manifest Number: WMNA 141046

B. State Generator's ID:

5. Transporter 1 Company Name: Vicki GRIFFIN TRUCKING

6. US EPA ID Number:

C. State Transporter's ID:

D. Transporter's Phone:

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address:
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number: 100200000000

G. State Facility's ID:

H. Facility's Phone: 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. SOIL WM Profile # CR8218			Est. 420000	163	NH
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill_____ Solidification_____

Bio Remediation_____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name	Signature "On behalf of"	Month Day Year
Luther Owen	Luther Owen	09/18/00

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
JIMMY CROMER	Jimmy Cromer	09/18/00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certificateion of receipt of non-hazardous materials covered by this manifest.

Printed/Typed Name	Signature	Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)*

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. N/A — Manifest Document No. 00407

2. Page 1 of 1

3. Generator's Name and Mailing Address
ENVIRONMENTAL OFFICE
BUILDING 215 15TH STREET
FORT MCCLELLAN, AL 36205

4. Generator's Phone 256 848-3499

A. Manifest Number WMNA 141047

B. State Generator's ID

5. Transporter 1 Company Name Vicki Griffin Trucking — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 100200000000

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. SOIL WM Profile # CR8218			EST. 42000	165	NH
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill_____ Solidification_____

Bio Remediation_____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name Luther Owen — Signature "On Behalf of" Luther Owen — Month Day Year 09/12/00

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Vicki Griffin — Signature Vicki Griffin — Month Day Year 09/18/00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certificateion of receipt of non-hazardous materials covered by this manifest.

Printed/Typed Name — Signature — Month Day Year

GENERATOR

TRANSPORTER

FACILITY

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)*

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No.: N/A
Manifest Document No.: 00408
2. Page 1 of 1

A. Manifest Number: WMNA 141048

3. Generator's Name and Mailing Address: ENVIRONMENTAL OFFICE, BUILDING 215 15TH STREET, FORT MCCLELLAN, AL 36205

B. State Generator's ID:

4. Generator's Phone: 256 848-3499

5. Transporter 1 Company Name: Vicki Griffin Trucking
6. US EPA ID Number:

C. State Transporter's ID:
D. Transporter's Phone:

7. Transporter 2 Company Name:
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: THREE CORNERS REGIONAL LANDFILL, 2205 COUNTY ROAD 6, PIEDMONT, AL 36272
10. US EPA ID Number: 1002000000000

G. State Facility's ID:
H. Facility's Phone: 256/447-1881

11. Description of Waste Materials	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. SOIL — WM Profile # CR821A			EST. 44000	lbs.	NH
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill______ Solidification______

Bio Remediation______

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: Luther Owen
Signature "On behalf of": [signature]
Month Day Year: 09/200[illegible]

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Mike Petersen
Signature: [signature]
Month Day Year: 1 9 1 8 0 0

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Month Day Year

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certificateion of receipt of non-hazardous materials covered by this manifest.

Printed/Typed Name
Signature
Month Day Year

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)*

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No.: N/A | Manifest Document No.: 004019

2. Page 1 of 1

3. Generator's Name and Mailing Address:
ENVIRONMENTAL OFFICE
BUILDING 215 15TH STREET
FORT MCCLELLAN, AL 36205

A. Manifest Number: WMNA 141049

B. State Generator's ID:

4. Generator's Phone: 256 848-3499

5. Transporter 1 Company Name: Vick Caudle Trucking

6. US EPA ID Number:

C. State Transporter's ID:

D. Transporter's Phone:

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address:
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number: 100200000000

G. State Facility's ID:

H. Facility's Phone: 256/447-1881

GENERATOR

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. SOIL WM Profile # CR8218			Est. 3 40000	LS	NH
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill_____ Solidification_____

Bio Remediation_____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: Luther Owens | Signature "On behalf of" | Month Day Year: 08/27/90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Chad Griffin | Signature | Month Day Year: 09/18/90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certificateion of receipt of non-hazardous materials covered by this manifest.

Printed/Typed Name | Signature | Month Day Year

GENERATOR #1 COPY

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)*

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. N/A — Manifest Document No. 0041 0 — 2. Page 1 of 1

3. Generator's Name and Mailing Address
ENVIRONMENTAL OFFICE
BUILDING 215 15TH STREET
FORT MCCLELLAN, AL 36205

A. Manifest Number WMNA 141050

B. State Generator's ID

4. Generator's Phone 256 848-3499

5. Transporter 1 Company Name: Vicki Griffin Trucking — 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name — 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
THREE CORNERS REGIONAL LANDFILL
2205 COUNTY ROAD 6
PIEDMONT, AL 36272

10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0

G. State Facility's ID

H. Facility's Phone 256/447-1881

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. SOIL — WM Profile # CR8218			Est. 3 4000	LS	NH
b. — WM Profile #					
c. — WM Profile #					
d. — WM Profile #					

J. Additional Descriptions for Materials Listed Above

Landfill_____ Solidification_____

Bio Remediation_____

K. Disposal Location

Cell Level

Grid

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT:

16. GENERATOR'S CERTIFICATION:

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: Luther Owen — Signature "On behalf of": Luther Owen — Month Day Year: 8/9/2000

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: JIMMY CROMER — Signature — Month Day Year: 8/9/00

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certificateion of receipt of non-hazardous materials covered by this manifest.

Printed/Typed Name — Signature — Month Day Year

GENERATOR COPY

ANALYTICAL RESULTS

SEVERN TRENT SERVICES

STL Knoxville
5815 Middlebrook Pike
Knoxville, TN 37921-5947

Tel: 865-291-3000
Fax: 865-584-4315
www.stl-inc.com

ANALYTICAL REPORT

PROJECT NO. 783149

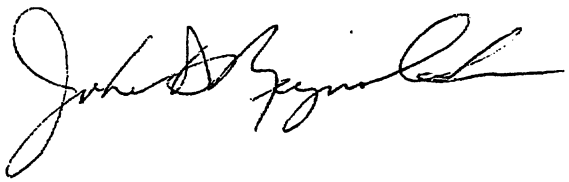
FIMC

Lot #: H0G280143

Duane Nielsen

IT Corp - Ft. McClellan
312 Directors Drive
Knoxville, TN 37923

SEVERN TRENT LABORATORIES, INC.



John Reynolds
Project Manager

August 7, 2000

SAMPLE SUMMARY

H0G280143

WO #	SAMPLE#	CLIENT SAMPLE ID	DATE	TIME
DH0QL	001	LE0008	07/27/00	10:10
DH0R4	002	LE8001	07/27/00	11:00

NOTE(S):

- The analytical results of the samples listed above are presented on the following pages.
- All calculations are performed before rounding to avoid round-off errors in calculated results.
- Results noted as "ND" were not detected at or above the stated limit.
- This report must not be reproduced, except in full, without the written approval of the laboratory.
- Results for the following parameters are never reported on a dry weight basis: color, corrosivity, density, flashpoint, ignitability, layers, odor, paint filter test, pH, porosity pressure, reactivity, redox potential, specific gravity, spot tests, solids, solubility, temperature, viscosity, and weight.

ANALYTICAL METHODS SUMMARY

H0G280143

PARAMETER	ANALYTICAL METHOD
Extractable Petroleum Hydrocarbons	SW846 8015B
Paint Filter Test	SW846 9095
Percent Moisture	MCAWW 160.3 MOD
Polynuclear Aromatic Hydrocarbons by HPLC	SW846 8310
Trace Inductively Coupled Plasma (ICP) Metals	SW846 6010B
Volatile Petroleum Hydrocarbons	SW846 8015B
Volatiles by GC	SW846 8021B

References:

MCAWW "Methods for Chemical Analysis of Water and Wastes", EPA-600/4-79-020, March 1983 and subsequent revisions.

SW846 "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods", Third Edition, November 1986 and its updates.

PROJECT NARRATIVE
H0G280143

The results reported herein are applicable to the samples submitted for analysis only.

The original chain of custody documentation is included with this report.

Sample Receipt

There were no problems with the condition of the samples received.

Subcontract

The following analyses were performed by STL Tampa East, 5910 Breckenridge Parkway, Tampa, FL 33601: Gasoline and Diesel Range Organics (SW846 8015B), Paint Filter Test (SW846 9095), Polynuclear Aromatic Hydrocarbons (SW846 8310) and BTEX (SW846 8021B).

Quality Control

All holding times and QC criteria were met with the following exceptions:

Diesel Range Organics

The surrogate recovery for tetratriacontane in sample LE8001 was outside established control limits. Per Duane Nielsen of The IT Group, the laboratory was instructed to process the sample results as is.

Polynuclear Aromatic Hydrocarbons

Sample LE0008 surrogate recovery for carbazole was not calculated because the extract was diluted beyond the ability to quantitate a recovery.

The matrix spike/matrix spike duplicate recoveries and RPDs were not calculated because the spike were diluted out. The associated laboratory control sample showed acceptable results indicating that the analysis was in control.

PROJECT NARRATIVE
H0G280143

Metals

The matrix spike/matrix spike duplicate recoveries for sample LE0008 were outside control limits for some analytes. However, the laboratory control sample showed acceptable results indicating that the analysis was in control. The matrix spike/matrix spike duplicate results are, therefore, attributed to matrix effects. The affected analytes are flagged appropriately on the matrix spike/matrix spike duplicate report.

IT CORP - FT. MCCLELLAN

Client Sample ID: LE8001

GC Semivolatiles

Lot-Sample #...:	H0G280143-002	**Work Order #...:**	DH0R4102	**Matrix.....:**	SOLID
Date Sampled...:	07/27/00	**Date Received..:**	07/28/00		
Prep Date.....:	07/28/00	**Analysis Date..:**	08/01/00		
Prep Batch #...:	0210504				
Dilution Factor:	1				
% Moisture.....:	11	**Method.....:**	SW846 8015B		

PARAMETER	RESULT	REPORTING LIMIT	UNITS	MDL
Diesel Range Organics	**120**	**11**	**mg/kg**	**3.1**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Tetratriacontane	154 *	(25 - 113)

NOTE(S):

* Surrogate recovery is outside stated control limits.

Results and reporting limits have been adjusted for dry weight.

METHOD BLANK REPORT

GC Semivolatiles

Client Lot #...: H0G280143 **Work Order #...:** DH27M101 **Matrix.....:** SOLID
MB Lot-Sample #: B0G280000-504

Prep Date.....: 07/28/00
Analysis Date..: 07/31/00 **Prep Batch #...:** 0210504
Dilution Factor: 1

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD
Diesel Range Organics	ND	10	mg/kg	SW846 8015B

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Tetratriacontane	87	(25 - 113)

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

LABORATORY CONTROL SAMPLE DATA REPORT

GC Semivolatiles

Client Lot #...: H0G280143 **Work Order #...:** DH27M102-LCS **Matrix.....:** SOLID
LCS Lot-Sample#: B0G280000-504 DH27M103-LCSD
Prep Date.....: 07/28/00 **Analysis Date..:** 07/31/00
Prep Batch #...: 0210504
Dilution Factor: 1

PARAMETER	SPIKE AMOUNT	MEASURED AMOUNT	UNITS	PERCENT RECOVERY	RPD	METHOD
Diesel Range Organics	**59.2**	**49.2**	**mg/kg**	**83**		**SW846 8015B**
	59.2	**50.9**	**mg/kg**	**86**	**3.4**	**SW846 8015B**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Tetratriacontane	70	(25 - 113)
	70	(25 - 113)

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

Bold print denotes control parameters

LABORATORY CONTROL SAMPLE EVALUATION REPORT

GC Semivolatiles

Client Lot #...: H0G280143 **Work Order #...:** DH27M102-LCS **Matrix.....:** SOLID
LCS Lot-Sample#: B0G280000-504 DH27M103-LCSD
Prep Date.....: 07/28/00 **Analysis Date..:** 07/31/00
Prep Batch #...: 0210504
Dilution Factor: 1

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD	RPD LIMITS	METHOD
Diesel Range Organics	**83**	**(35 - 115)**			**SW846 8015B**
	86	**(35 - 115)**	**3.4**	**(0-34)**	**SW846 8015B**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Tetratriacontane	70	(25 - 113)
	70	(25 - 113)

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

Bold print denotes control parameters

IT CORP - FT. MCCLELLAN

Client Sample ID: LE8001

GC Volatiles

Lot-Sample #...:	H0G280143-002	**Work Order #...:**	DH0R4103	**Matrix.....:**	SOLID
Date Sampled...:	07/27/00	**Date Received..:**	07/28/00		
Prep Date.....:	07/28/00	**Analysis Date..:**	07/31/00		
Prep Batch #...:	0214122				
Dilution Factor:	1				
% Moisture.....:	11	**Method.....:**	SW846 8015B		

PARAMETER	RESULT	REPORTING LIMIT	UNITS	MDL
Gasoline Range Organics	ND	5.6	mg/kg	0.48

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
4-Bromofluorobenzene	100	(39 - 163)

NOTE(S):

Results and reporting limits have been adjusted for dry weight.

METHOD BLANK REPORT

GC Volatiles

Client Lot #...: H0G280143 **Work Order #...:** DH4PV101 **Matrix.....:** SOLID
MB Lot-Sample #: B0H010000-122

Prep Date.....: 07/28/00
Analysis Date..: 07/31/00 **Prep Batch #...:** 0214122
Dilution Factor: 1

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD
Gasoline Range Organics	ND	5.0	mg/kg	SW846 8015B

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
4-Bromofluorobenzene	120	(39 - 163)

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

LABORATORY CONTROL SAMPLE DATA REPORT

GC Volatiles

Client Lot #...: H0G280143 **Work Order #...:** DH4PV102-LCS **Matrix.....:** SOLID
LCS Lot-Sample#: B0H010000-122 DH4PV103-LCSD
Prep Date.....: 07/28/00 **Analysis Date..:** 07/31/00
Prep Batch #...: 0214122
Dilution Factor: 1

PARAMETER	SPIKE AMOUNT	MEASURED AMOUNT	UNITS	PERCENT RECOVERY	RPD	METHOD
Gasoline Range Organics	**20.0**	**21.6**	**mg/kg**	**108**		**SW846 8015B**
	20.0	**21.4**	**mg/kg**	**107**	**0.92**	**SW846 8015B**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
4-Bromofluorobenzene	119	(39 - 163)
	116	(39 - 163)

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

Bold print denotes control parameters

LABORATORY CONTROL SAMPLE EVALUATION REPORT

GC Volatiles

Client Lot #...: H0G280143 **Work Order #...:** DH4PV102-LCS **Matrix.....:** SOLID
LCS Lot-Sample#: B0H010000-122 DH4PV103-LCSD
Prep Date.....: 07/28/00 **Analysis Date..:** 07/31/00
Prep Batch #...: 0214122
Dilution Factor: 1

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD	RPD LIMITS	METHOD
Gasoline Range Organics	**108**	**(26 - 115)**			**SW846 8015B**
	107	**(26 - 115)**	**0.92**	**(0-25)**	**SW846 8015B**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
4-Bromofluorobenzene	119	(39 - 163)
	116	(39 - 163)

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

Bold print denotes control parameters

IT CORP - FT. MCCLELLAN

Client Sample ID: LE0008

GC Volatiles

Lot-Sample #...: H0G280143-001 **Work Order #...:** DH0QL104 **Matrix.....:** SOLID
Date Sampled...: 07/27/00 **Date Received..:** 07/28/00
Prep Date.....: 07/28/00 **Analysis Date..:** 07/31/00
Prep Batch #...: 0214121
Dilution Factor: 1
% Moisture.....: 11 **Method.....:** SW846 8021B

PARAMETER	RESULT	REPORTING LIMIT	UNITS	MDL
Benzene	ND	56	ug/kg	20
Ethylbenzene	ND	56	ug/kg	25
Toluene	ND	56	ug/kg	16
Xylenes (total)	ND	56	ug/kg	53

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
4-Bromofluorobenzene	95	(46 - 143)

NOTE(S):

Results and reporting limits have been adjusted for dry weight.

METHOD BLANK REPORT

GC Volatiles

Client Lot #...: H0G280143 **Work Order #...:** DH4PP101 **Matrix.....:** SOLID
MB Lot-Sample #: B0H010000-121

Prep Date.....: 07/28/00
Analysis Date..: 07/31/00 **Prep Batch #...:** 0214121
Dilution Factor: 1

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD
Benzene	ND	50	ug/kg	SW846 8021B
Ethylbenzene	ND	50	ug/kg	SW846 8021B
Toluene	ND	50	ug/kg	SW846 8021B
Xylenes (total)	ND	50	ug/kg	SW846 8021B

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
4-Bromofluorobenzene	102	(46 - 143)

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

MATRIX SPIKE SAMPLE DATA REPORT

GC Volatiles

Client Lot #...: H0G280143 **Work Order #...:** DH0QL105-MS **Matrix.....:** SOLID
MS Lot-Sample #: H0G280143-001 DH0QL106-MSD
Date Sampled...: 07/27/00 **Date Received..:** 07/28/00
Prep Date.....: 07/28/00 **Analysis Date..:** 07/31/00
Prep Batch #...: 0214121
Dilution Factor: 1 **% Moisture.....:** 11

PARAMETER	SAMPLE AMOUNT	SPIKE AMT	MEASRD AMOUNT	UNITS	PERCENT RECOVERY	RPD	METHOD
Benzene	**ND**	**990**	**741**	**ug/kg**	**74**		**SW846 8021B**
	ND	**954**	**607**	**ug/kg**	**62**	**16**	**SW846 8021B**
Ethylbenzene	**ND**	**990**	**862**	**ug/kg**	**87**		**SW846 8021B**
	ND	**954**	**878**	**ug/kg**	**91**	**5.4**	**SW846 8021B**
Toluene	**ND**	**990**	**855**	**ug/kg**	**86**		**SW846 8021B**
	ND	**954**	**867**	**ug/kg**	**90**	**5.0**	**SW846 8021B**
m-Xylene & p-Xylene	**ND**	**1980**	**1730**	**ug/kg**	**87**		**SW846 8021B**
	ND	**1910**	**1750**	**ug/kg**	**91**	**5.1**	**SW846 8021B**
o-Xylene	**ND**	**990**	**852**	**ug/kg**	**86**		**SW846 8021B**
	ND	**954**	**871**	**ug/kg**	**91**	**5.8**	**SW846 8021B**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
4-Bromofluorobenzene	95	(46 - 143)
	96	(46 - 143)

NOTE(S) :

Calculations are performed before rounding to avoid round-off errors in calculated results.

Bold print denotes control parameters

Results and reporting limits have been adjusted for dry weight.

MATRIX SPIKE SAMPLE EVALUATION REPORT

GC Volatiles

Client Lot #...:	H0G280143	**Work Order #...:**	DH0QL105-MS	**Matrix.....:**	SOLID
MS Lot-Sample #:	H0G280143-001		DH0QL106-MSD		
Date Sampled...:	07/27/00	**Date Received..:**	07/28/00		
Prep Date.....:	07/28/00	**Analysis Date..:**	07/31/00		
Prep Batch #...:	0214121				
Dilution Factor:	1	**% Moisture.....:**	11		

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD	RPD LIMITS	METHOD
Benzene	**74**	**(62 - 128)**			**SW846 8021B**
	62	**(62 - 128)**	**16**	**(0-30)**	**SW846 8021B**
Ethylbenzene	**87**	**(66 - 119)**			**SW846 8021B**
	91	**(66 - 119)**	**5.4**	**(0-20)**	**SW846 8021B**
Toluene	**86**	**(73 - 123)**			**SW846 8021B**
	90	**(73 - 123)**	**5.0**	**(0-20)**	**SW846 8021B**
m-Xylene & p-Xylene	**87**	**(70 - 130)**			**SW846 8021B**
	91	**(70 - 130)**	**5.1**	**(0-20)**	**SW846 8021B**
o-Xylene	**86**	**(70 - 130)**			**SW846 8021B**
	91	**(70 - 130)**	**5.8**	**(0-20)**	**SW846 8021B**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
4-Bromofluorobenzene	95	(46 - 143)
	96	(46 - 143)

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

Bold print denotes control parameters

Results and reporting limits have been adjusted for dry weight.

LABORATORY CONTROL SAMPLE DATA REPORT

GC Volatiles

Client Lot #...: H0G280143 **Work Order #...:** DH4PP102-LCS **Matrix.....:** SOLID
LCS Lot-Sample#: B0H010000-121 DH4PP103-LCSD
Prep Date.....: 07/28/00 **Analysis Date..:** 07/31/00
Prep Batch #...: 0214121
Dilution Factor: 1

PARAMETER	SPIKE AMOUNT	MEASURED AMOUNT	UNITS	PERCENT RECOVERY	RPD	METHOD
Benzene	**1000**	**855**	**ug/kg**	**85**		**SW846 8021B**
	1000	**901**	**ug/kg**	**90**	**5.3**	**SW846 8021B**
Ethylbenzene	**1000**	**976**	**ug/kg**	**98**		**SW846 8021B**
	1000	**1140**	**ug/kg**	**114**	**15**	**SW846 8021B**
Toluene	**1000**	**958**	**ug/kg**	**96**		**SW846 8021B**
	1000	**1060**	**ug/kg**	**106**	**10**	**SW846 8021B**
m-Xylene & p-Xylene	**2000**	**1980**	**ug/kg**	**99**		**SW846 8021B**
	2000	**2330**	**ug/kg**	**116**	**16**	**SW846 8021B**
o-Xylene	**1000**	**978**	**ug/kg**	**98**		**SW846 8021B**
	1000	**1140**	**ug/kg**	**114**	**15**	**SW846 8021B**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
4-Bromofluorobenzene	104	(46 - 143)
	114	(46 - 143)

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

Bold print denotes control parameters

LABORATORY CONTROL SAMPLE EVALUATION REPORT

GC Volatiles

Client Lot #...: H0G280143 **Work Order #...:** DH4PP102-LCS **Matrix.....:** SOLID
LCS Lot-Sample#: B0H010000-121 DH4PP103-LCSD
Prep Date.....: 07/28/00 **Analysis Date..:** 07/31/00
Prep Batch #...: 0214121
Dilution Factor: 1

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD	RPD LIMITS	METHOD
Benzene	**85**	**(62 - 128)**			**SW846 8021B**
	90	**(62 - 128)**	**5.3**	**(0-30)**	**SW846 8021B**
Ethylbenzene	**98**	**(66 - 119)**			**SW846 8021B**
	114	**(66 - 119)**	**15**	**(0-20)**	**SW846 8021B**
Toluene	**96**	**(73 - 123)**			**SW846 8021B**
	106	**(73 - 123)**	**10**	**(0-20)**	**SW846 8021B**
m-Xylene & p-Xylene	**99**	**(70 - 130)**			**SW846 8021B**
	116	**(70 - 130)**	**16**	**(0-20)**	**SW846 8021B**
o-Xylene	**98**	**(70 - 130)**			**SW846 8021B**
	114	**(70 - 130)**	**15**	**(0-20)**	**SW846 8021B**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
4-Bromofluorobenzene	104	(46 - 143)
	114	(46 - 143)

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

Bold print denotes control parameters

IT CORP - FT. MCCLELLAN

Client Sample ID: LE0008

HPLC

Lot-Sample #...:	H0G280143-001	**Work Order #...:**	DH0QL101	**Matrix.....:**	SOLID
Date Sampled...:	07/27/00	**Date Received..:**	07/28/00		
Prep Date.....:	07/28/00	**Analysis Date..:**	08/02/00		
Prep Batch #...:	0210503				
Dilution Factor:	100				
% Moisture.....:	11	**Method.....:**	SW846 8310		

PARAMETER	RESULT	REPORTING LIMIT	UNITS	MDL
Acenaphthene	ND	5600	ug/kg	560
Acenaphthylene	ND	5600	ug/kg	720
Anthracene	ND	5600	ug/kg	370
Benzo(a)anthracene	**2700**	**560**	**ug/kg**	**110**
Benzo(a)pyrene	**3400**	**560**	**ug/kg**	**94**
Benzo(b)fluoranthene	**2800**	**560**	**ug/kg**	**88**
Benzo(ghi)perylene	**2400**	**560**	**ug/kg**	**120**
Benzo(k)fluoranthene	**2600**	**560**	**ug/kg**	**56**
Chrysene	**4000**	**560**	**ug/kg**	**99**
Dibenz(a,h)anthracene	**380 J**	**560**	**ug/kg**	**93**
Fluoranthene	**11000**	**560**	**ug/kg**	**99**
Fluorene	ND	5600	ug/kg	1000
Indeno(1,2,3-cd)pyrene	**2100**	**560**	**ug/kg**	**79**
Naphthalene	ND	5600	ug/kg	1900
Phenanthrene	**3900 J**	**5600**	**ug/kg**	**1100**
Pyrene	**6500**	**560**	**ug/kg**	**100**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Carbazole	NC,SRD	(17 - 115)

NOTE(S):

NC The recovery and/or RPD were not calculated.

SRD The surrogate recovery was not calculated because the extract was diluted beyond the ability to quantitate a recovery.

Results and reporting limits have been adjusted for dry weight.

J Estimated result. Result is less than RL.

METHOD BLANK REPORT

HPLC

Client Lot #...: H0G280143 **Work Order #...:** DH27A101 **Matrix.....:** SOLID
MB Lot-Sample #: B0G280000-503

Prep Date.....: 07/28/00
Analysis Date..: 08/02/00 **Prep Batch #...:** 0210503
Dilution Factor: 1

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD
Acenaphthene	ND	50	ug/kg	SW846 8310
Acenaphthylene	ND	50	ug/kg	SW846 8310
Anthracene	ND	50	ug/kg	SW846 8310
Benzo(a)anthracene	ND	5.0	ug/kg	SW846 8310
Benzo(a)pyrene	ND	5.0	ug/kg	SW846 8310
Benzo(b)fluoranthene	ND	5.0	ug/kg	SW846 8310
Benzo(ghi)perylene	ND	5.0	ug/kg	SW846 8310
Benzo(k)fluoranthene	ND	5.0	ug/kg	SW846 8310
Chrysene	ND	5.0	ug/kg	SW846 8310
Dibenz(a,h)anthracene	ND	5.0	ug/kg	SW846 8310
Fluoranthene	ND	5.0	ug/kg	SW846 8310
Fluorene	ND	50	ug/kg	SW846 8310
Indeno(1,2,3-cd)pyrene	ND	5.0	ug/kg	SW846 8310
Naphthalene	ND	50	ug/kg	SW846 8310
Phenanthrene	ND	50	ug/kg	SW846 8310
Pyrene	ND	5.0	ug/kg	SW846 8310

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Carbazole	66	(17 - 115)

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

MATRIX SPIKE SAMPLE DATA REPORT

HPLC

Client Lot #...:	H0G280143	**Work Order #...:**	DH0QL10C-MS	**Matrix.....:**	SOLID
MS Lot-Sample #:	H0G280143-001		DH0QL10D-MSD		
Date Sampled...:	07/27/00	**Date Received..:**	07/28/00		
Prep Date.....:	07/28/00	**Analysis Date..:**	08/02/00		
Prep Batch #...:	0210503				
Dilution Factor:	50	**% Moisture.....:**	11		

PARAMETER	SAMPLE AMOUNT	SPIKE AMT	MEASRD AMOUNT	UNITS	PERCENT RECOVERY	RPD	METHOD
Acenaphthene	**ND**	**374**		**ug/kg**	**NC,MSA**		**SW846 8310**
	ND	**374**		**ug/kg**	**NC,MSA**		**SW846 8310**
1-Methylnaphthalene	**ND**	**374**		**ug/kg**	**NC,MSA**		**SW846 8310**
	ND	**374**		**ug/kg**	**NC,MSA**		**SW846 8310**
Chrysene	**4000**	**37.4**		**ug/kg**	**NC,MSB**		**SW846 8310**
	4000	**37.4**		**ug/kg**	**NC,MSB**		**SW846 8310**
Fluorene	**ND**	**374**		**ug/kg**	**NC,MSA**		**SW846 8310**
	ND	**373**		**ug/kg**	**NC,MSA**		**SW846 8310**
Naphthalene	**ND**	**374**		**ug/kg**	**NC,MSA**		**SW846 8310**
	ND	**373**		**ug/kg**	**NC,MSA**		**SW846 8310**
Pyrene	**6500**	**37.4**		**ug/kg**	**NC,MSB**		**SW846 8310**
	6500	**373**		**ug/kg**	**NC,MSB**		**SW846 8310**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Carbazole	NC,SRD	(17 - 115)
	NC,SRD	(17 - 115)

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

Bold print denotes control parameters

NC The recovery and/or RPD were not calculated.

MSA The recovery and RPD were not calculated because the sample was diluted beyond the ability to quantitate a recovery.

SRD The surrogate recovery was not calculated because the extract was diluted beyond the ability to quantitate a recovery.

MSB The recovery and RPD were not calculated because the sample amount was greater than four times the spike amount.

MATRIX SPIKE SAMPLE EVALUATION REPORT

HPLC

Client Lot #...:	H0G280143	**Work Order #...:**	DH0QL10C-MS	**Matrix.....:**	SOLID
MS Lot-Sample #:	H0G280143-001		DH0QL10D-MSD		
Date Sampled...:	07/27/00	**Date Received..:**	07/28/00		
Prep Date.....:	07/28/00	**Analysis Date..:**	08/02/00		
Prep Batch #...:	0210503				
Dilution Factor:	50	**% Moisture.....:**	11		

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD	RPD LIMITS	METHOD
Acenaphthene	**NC,MSA**	**(41 - 115)**			**SW846 8310**
	NC,MSA	**(41 - 115)**		**(0-30)**	**SW846 8310**
1-Methylnaphthalene	**NC,MSA**	**(45 - 115)**			**SW846 8310**
	NC,MSA	**(45 - 115)**		**(0-27)**	**SW846 8310**
Chrysene	**NC,MSB**	**(45 - 115)**			**SW846 8310**
	NC,MSB	**(45 - 115)**		**(0-27)**	**SW846 8310**
Fluorene	**NC,MSA**	**(42 - 115)**			**SW846 8310**
	NC,MSA	**(42 - 115)**		**(0-28)**	**SW846 8310**
Naphthalene	**NC,MSA**	**(28 - 116)**			**SW846 8310**
	NC,MSA	**(28 - 116)**		**(0-26)**	**SW846 8310**
Pyrene	**NC,MSB**	**(46 - 115)**			**SW846 8310**
	NC,MSB	**(46 - 115)**		**(0-50)**	**SW846 8310**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Carbazole	NC,SRD	(17 - 115)
	NC,SRD	(17 - 115)

NOTE(S) :

Calculations are performed before rounding to avoid round-off errors in calculated results.

Bold print denotes control parameters

NC The recovery and/or RPD were not calculated.

MSA The recovery and RPD were not calculated because the sample was diluted beyond the ability to quantitate a recovery.

SRD The surrogate recovery was not calculated because the extract was diluted beyond the ability to quantitate a recovery.

MSB The recovery and RPD were not calculated because the sample amount was greater than four times the spike amount.

LABORATORY CONTROL SAMPLE DATA REPORT

HPLC

Client Lot #...: H0G280143 **Work Order #...:** DH27A102 **Matrix.....:** SOLID
LCS Lot-Sample#: B0G280000-503
Prep Date.....: 07/28/00 **Analysis Date..:** 08/02/00
Prep Batch #...: 0210503
Dilution Factor: 1

PARAMETER	SPIKE AMOUNT	MEASURED AMOUNT	UNITS	PERCENT RECOVERY	METHOD
Acenaphthene	**333**	**186**	**ug/kg**	**56**	**SW846 8310**
1-Methylnaphthalene	**333**	**189**	**ug/kg**	**57**	**SW846 8310**
Chrysene	**33.3**	**18.1**	**ug/kg**	**54**	**SW846 8310**
Fluorene	**333**	**184**	**ug/kg**	**55**	**SW846 8310**
Naphthalene	**333**	**172**	**ug/kg**	**52**	**SW846 8310**
Pyrene	**33.3**	**19.1**	**ug/kg**	**57**	**SW846 8310**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Carbazole	56	(17 - 115)

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

Bold print denotes control parameters

LABORATORY CONTROL SAMPLE EVALUATION REPORT

HPLC

Client Lot #...: H0G280143 **Work Order #...:** DH27A102 **Matrix.....:** SOLID
LCS Lot-Sample#: B0G280000-503
Prep Date.....: 07/28/00 **Analysis Date..:** 08/02/00
Prep Batch #...: 0210503
Dilution Factor: 1

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	METHOD
Acenaphthene	**56**	**(41 - 115)**	**SW846 8310**
1-Methylnaphthalene	**57**	**(45 - 115)**	**SW846 8310**
Chrysene	**54**	**(45 - 115)**	**SW846 8310**
Fluorene	**55**	**(42 - 115)**	**SW846 8310**
Naphthalene	**52**	**(28 - 116)**	**SW846 8310**
Pyrene	**57**	**(46 - 115)**	**SW846 8310**

SURROGATE	PERCENT RECOVERY	RECOVERY LIMITS
Carbazole	56	(17 - 115)

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

Bold print denotes control parameters

IT CORP - FT. MCCLELLAN

Client Sample ID: LE0008

TOTAL Metals

Lot-Sample #...: H0G280143-001 Matrix.....: SOLID
Date Sampled...: 07/27/00 Date Received..: 07/28/00
% Moisture.....: 11

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD	PREPARATION-ANALYSIS DATE	WORK ORDER #
Prep Batch #...: 0212091						
Lead	84.6	0.34	mg/kg	SW846 6010B	07/30-07/31/00	DH0QL108
		Dilution Factor: 1		Analysis Time..: 14:33	MDL.....: 0.13	

NOTE(S):

Results and reporting limits have been adjusted for dry weight.

IT CORP - FT. MCCLELLAN

Client Sample ID: LE8001

TOTAL Metals

Lot-Sample #...: H0G280143-002 Matrix.....: SOLID
Date Sampled...: 07/27/00 Date Received..: 07/28/00
% Moisture.....: 11

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD	PREPARATION-ANALYSIS DATE	WORK ORDER #
Prep Batch #...: 0212091						
Lead	24.2	0.34	mg/kg	SW846 6010B	07/30-07/31/00	DH0R4106
		Dilution Factor: 1		Analysis Time..: 14:51	MDL.....: 0.13	

NOTE(S):

Results and reporting limits have been adjusted for dry weight.

METHOD BLANK REPORT

TOTAL Metals

Client Lot #...: H0G280143 **Matrix.....:** SOLID

PARAMETER	RESULT	REPORTING LIMIT	UNITS	METHOD	PREPARATION-ANALYSIS DATE	WORK ORDER #
MB Lot-Sample #: H0G300000-091 **Prep Batch #...:** 0212091						
Lead	ND	0.30	mg/kg	SW846 6010B	07/30-07/31/00	DH35L101
		Dilution Factor: 1				
		Analysis Time..: 14:24				

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

MATRIX SPIKE SAMPLE DATA REPORT

TOTAL Metals

Client Lot #...: H0G280143 **Matrix.....:** SOLID
Date Sampled...: 07/27/00 **Date Received..:** 07/28/00

PARAMETER	SAMPLE AMOUNT	SPIKE AMT	MEASURED AMOUNT		UNITS	PERCNT RECVRY	RPD	METHOD	PREPARATION-ANALYSIS DATE	WORK ORDER #
MS Lot-Sample #: H0G280143-001 **Prep Batch #...:** 0212091										
Lead										
	84.6	56.1	149		mg/kg	115		SW846 6010B	07/30-07/31/00	DH0QL109
	84.6	56.1	157	N	mg/kg	128	4.9	SW846 6010B	07/30-07/31/00	DH0QL10A
			Dilution Factor: 1							
			Analysis Time..: 14:37							

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

N Spiked analyte recovery is outside stated control limits.

Results and reporting limits have been adjusted for dry weight.

MATRIX SPIKE SAMPLE EVALUATION REPORT

TOTAL Metals

Client Lot #...: H0G280143 **Matrix.....:** SOLID
Date Sampled...: 07/27/00 **Date Received..:** 07/28/00

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	RPD	RPD LIMITS	METHOD	PREPARATION-ANALYSIS DATE	WORK ORDER #
MS Lot-Sample #: H0G280143-001 **Prep Batch #...:** 0212091							
Lead	115	(75 - 125)			SW846 6010B	07/30-07/31/00	DH0QL109
	128 N	(75 - 125)	4.9	(0-20)	SW846 6010B	07/30-07/31/00	DH0QL10A

Dilution Factor: 1
Analysis Time..: 14:37

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

N Spiked analyte recovery is outside stated control limits.

Results and reporting limits have been adjusted for dry weight.

LABORATORY CONTROL SAMPLE DATA REPORT

TOTAL Metals

Client Lot #...: H0G280143 **Matrix.....:** SOLID

PARAMETER	SPIKE AMOUNT	MEASURED AMOUNT	UNITS	PERCNT RECVRY	METHOD	PREPARATION-ANALYSIS DATE	WORK ORDER #
LCS Lot-Sample#: H0G300000-091 **Prep Batch #...:** 0212091							
Lead	50.0	47.5	mg/kg	95	SW846 6010B	07/30-07/31/00	DH35L102
			Dilution Factor: 1				
			Analysis Time..: 14:28				

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

LABORATORY CONTROL SAMPLE EVALUATION REPORT

TOTAL Metals

Client Lot #...: H0G280143 **Matrix.....:** SOLID

PARAMETER	PERCENT RECOVERY	RECOVERY LIMITS	METHOD	PREPARATION-ANALYSIS DATE	WORK ORDER #
LCS Lot-Sample#: H0G300000-091 **Prep Batch #...:** 0212091					
Lead	95	(80 - 120)	SW846 6010B	07/30-07/31/00	DH35L102
		Dilution Factor: 1			
		Analysis Time..: 14:28			

NOTE(S):

Calculations are performed before rounding to avoid round-off errors in calculated results.

IT CORP - FT. MCCLELLAN

Client Sample ID: LE0008

General Chemistry

Lot-Sample #...: H0G280143-001 Work Order #...: DH0QL Matrix.....: SOLID
Date Sampled...: 07/27/00 Date Received..: 07/28/00
% Moisture.....: 11

PARAMETER	RESULT	RL	UNITS	METHOD	PREPARATION-ANALYSIS DATE	PREP BATCH #
Percent Moisture	10.9	0.10	%	MCAWW 160.3 MOD	07/31-08/01/00	0213384

Dilution Factor: 1 MDL.....:

IT CORP - FT. MCCLELLAN

Client Sample ID: LE8001

General Chemistry

Lot-Sample #...: H0G280143-002 Work Order #...: DH0R4 Matrix.....: SOLID
Date Sampled...: 07/27/00 Date Received..: 07/28/00
% Moisture.....: 11

PARAMETER	RESULT	RL	UNITS	METHOD	PREPARATION-ANALYSIS DATE	PREP BATCH #
Paint Filter Test	NO		No Units	SW846 9095	07/28/00	0210428
		Dilution Factor: 1		MDL.....:		
Percent Moisture	10.8	0.10	%	MCAWW 160.3 MOD	07/31-08/01/00	0213384
		Dilution Factor: 1		MDL.....:		

SAMPLE DUPLICATE EVALUATION REPORT

General Chemistry

Client Lot #...: H0G280143 **Work Order #...:** DH0R4-SMP DH0R4-DUP **Matrix.....:** SOLID

Date Sampled...: 07/27/00 **Date Received..:** 07/28/00

% Moisture.....: 11

PARAM	RESULT	DUPLICATE RESULT	UNITS	RPD	RPD LIMIT	METHOD	PREPARATION-ANALYSIS DATE	PREP BATCH #
Paint Filter Test						SD Lot-Sample #: H0G280143-002		
			No Units	0	(0-0.0)	SW846 9095	07/28/00	0210428

Dilution Factor: 1

SEVERN TRENT
Environmental Services

Sample Delivery Group Assignment Form

IT CORPORATION
FT McCLELLAN
UST 132

SDG# UST13201

*	DATE REC'D	LOT#	CLIENT ID	VOA	PAH	PEST	EXP	MET	PCB	PH	DRO	GRO	PAINT
				8021B	8310	8081A	8330	6010B	8082	9045	8015	8015	FILTER
1	7/28/00	H0G280143	LE0008	QC/T	QC/T			QC					
2			LE8001					X			T	T	T
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

NC = NORTH CANTON
T = STL TAMPA
D= STL DENVER
WS = STL WEST SACRAMENTO
P = PITTSBURGH
IT = IT CORP KNOX

MATRIX: SOIL
ANALYTICAL DUE: 8-1-00
REPORT DUE: 8-8-00
CLOSED? YES

8/11/008:03 AM

HOC 280143

IT CORPORATION
A Member of The IT Group

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

Reference Document No: 132-072700-QSK

Project Number: 783149
Project Name: Fort McClellan, SAD TERC
Sample Coordinator: Oliver Allen
Turnaround Time: 48 hour Turn

Samples Shipment Date: 28 JUL 2000
Lab Destination: Quanterra Environmental Services - Knoxville
Lab Contact: John Reynolds
Project Contact: Randy McBride
Carrier/Waybill No.: Quality Express/Courier

Bill To: Duane Nielsen
312 Directors Drive
Knoxville TN 37923

Report To: Duane Nielsen
312 Directors Drive
Knoxville TN 37923

Special Instructions: 48 Hour Turnaround

Possible Hazard Indentification:
Non-hazard ☐ Flammable ☐ Skin Irritant ☐ Poison B ☐ Unknown ☑

Sample Disposal:
Return to Client ☐ Disposal by Lab ☑ Archive (mos.)

1. Relinquished By (Signature/Affiliation) O.K.Allen IT	Date: 28 Jun 00 Time: 0830	1. Received By (Signature/Affiliation) Roy Owens	Date: 7/28 Time: 9:AM
2. Relinquished By (Signature/Affiliation)	Date: Time:	2. Received By (Signature/Affiliation) Matthew F. Howard	Date: 7/28 Time: 13:37
3. Relinquished By (Signature/Affiliation)	Date: Time:	3. Received By (Signature/Affiliation)	Date: Time:

Comments: None

Recd Temp. 2°C
Custody Seals Intact
Hand Delivered
MFH 7-28-00

Sample No	Sample Name	Sample Date	Sample Time	Container	Ctr Qty	Preservative	Requested Testing Program	Fil	CID	Condition On Receipt
LE0008	UST-132A6-CS07-CS-LE0008-REG	27 JUL 2000	10:10	8 oz CWM	1	None except cool to 4 C	Lead by 6010B	N		
LE0008-MS	UST-132A6-CS07-CS-LE0008-MS-MS	27 JUL 2000	10:10	8 oz CWM	1	None except cool to 4 C	Lead by 6010B	N		
LE0008-MSD	UST-132A6-CS07-CS-LE0008-MSD-MSD	27 JUL 2000	10:10	8 oz CWM	1	None except cool to 4 C	Lead by 6010B	N		
LE8001	UST-132A6-SP01-SP-LE8001-REG	27 JUL 2000	11:00	8 oz CWM	1	None except cool to 4 C	Lead by 6010B	N		

H06280143

IT CORPORATION
A Member of The IT Group

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

Reference Document No: 132-072700-QST

Project Number: 783149

Project Name: Fort McClellan, SAD TERC

Sample Coordinator: Oliver Allen

Turnaround Time: 48 hour Turnaround

Samples Shipment Date: 27 JUL 2000

Lab Destination: QUANTERRA - TAMPA

Lab Contact: Michelle Lersch

Project Contact: Randy McBride

Carrier/Waybill No.: Fed Ex/792358796904

Bill To: Duane Nielsen
312 Directors Drive
Knoxville TN 37923

Report To: Duane Nielsen
312 Directors Drive
Knoxville TN 37923

Special Instructions: 48 hour turnaround

Possible Hazard Indentification:
Non-hazard ☐ Flammable ☐ Skin Irritant ☐ Poison B ☐ Unknown ☑

Sample Disposal:
Return to Client ☐ Disposal by Lab ☑ Archive (mos.)

1. Relinquished By (Signature/Affiliation) D.E. Kale	Date: 7-27-00 Time: 1500
1. Received By (Signature/Affiliation)	Date: Time:
2. Relinquished By (Signature/Affiliation)	Date: Time:
2. Received By (Signature/Affiliation)	Date: Time:
3. Relinquished By (Signature/Affiliation)	Date: Time:
3. Received By (Signature/Affiliation)	Date: Time:

Comments: None

Sample No	Sample Name	Sample Date	Sample Time	Container	Ctr Qty	Preservative	Requested Testing Program	Fil	CID	Condition On Receipt
LE0008	UST-132A6-CS07-CS-LE0008-REG	27 JUL 2000	10:10	8 oz CWM	1	None except cool to 4 C	PAH's by 8310	N		
LE0008	UST-132A6-CS07-CS-LE0008-REG	27 JUL 2000	10:10	5 g EnCore	3	None except cool to 4 C	BTEX by 8021B	N		
LE0008-MS	UST-132A6-CS07-CS-LE0008-MS-MS	27 JUL 2000	10:10	5 g EnCore	3	None except cool to 4 C	BTEX by 8021B	N		
LE0008-MS	UST-132A6-CS07-CS-LE0008-MS-MS	27 JUL 2000	10:10	8 oz CWM	1	None except cool to 4 C	PAH's by 8310	N		
LE0008-MSD	UST-132A6-CS07-CS-LE0008-MSD-MSD	27 JUL 2000	10:10	5 g EnCore	3	None except cool to 4 C	BTEX by 8021B	N		
LE0008-MSD	UST-132A6-CS07-CS-LE0008-MSD-MSD	27 JUL 2000	10:10	8 oz CWM	1	None except cool to 4 C	PAH's by 8310	N		
LE8001	UST-132A6-SP01-SP-LE8001-REG	27 JUL 2000	11:00	8 oz CWM	1	None except cool to 4 C	Deisel Range Organics by 8015B	N		
LE8001	UST-132A6-SP01-SP-LE8001-REG	27 JUL 2000	11:00	5 g EnCore	3	None except cool to 4 C	Gasoline Range Organics by 8015B	N		

H062801143

IT CORPORATION
A Member of The IT Group

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

Reference Document No: 132-072700-QST

Sample No	Sample Name	Sample Date	Sample Time	Container		Preservative	Requested Testing Program	Fil	CID	Condition On Receipt
LE8001	UST-132AB-SP01-SP-LE8001-REG	27 JUL 2000	11:00	8 oz CWM	1	None except cool to 4 C	Paint Filter	N		

IT CORPORATION
A Member of The IT Group

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

Reference Document No: 132-072700-QST

Project Number: 783149
Project Name: Fort McClellan, SAD TERC
Sample Coordinator: Oliver Allen
Turnaround Time: 48 hour Turnaround

Samples Shipment Date: 27 JUL 2000
Lab Destination: QUANTERRA - TAMPA
Lab Contact: Michelle Lersch
Project Contact: Randy McBride
Carrier/Waybill No.: Fed Ex/792358796904

Bill To: Duane Nielsen
312 Directors Drive
Knoxville TN 37923

Report To: Duane Nielsen
312 Directors Drive
Knoxville TN 37923

Special Instructions: 48 hour turnaround

Possible Hazard Indentification:
Non-hazard ☐ Flammable ☐ Skin Irritant ☐ Poison B ☐ Unknown ☑

Sample Disposal:
Return to Client ☐ Disposal by Lab ☑ Archive (mos.)

1. Relinquished By (Signature/Affiliation) D.E. Kaelin	Date: 7-27-00 Time: 1500	1. Received By (Signature/Affiliation) Carol McNulty	Date: 7/28/00 Time: 1000
2. Relinquished By (Signature/Affiliation)	Date: Time:	2. Received By (Signature/Affiliation)	Date: Time:
3. Relinquished By (Signature/Affiliation)	Date: Time:	3. Received By (Signature/Affiliation)	Date: Time:

Comments: None

Sample No	Sample Name	Sample Date	Sample Time	Container	Ctr Qty	Preservative	Requested Testing Program	Fil	CID	Condition On Receipt
LE0008	UST-132A6-CS07-CS-LE0008-REG	27 JUL 2000	10:10	8 oz CWM	1	None except cool to 4 C	PAH's by 8310	N		
LE0008	UST-132A6-CS07-CS-LE0008-REG	27 JUL 2000	10:10	5 g EnCore	3	None except cool to 4 C	BTEX by 8021B	N		
LE0008-MS	UST-132A6-CS07-CS-LE0008-MS-MS	27 JUL 2000	10:10	5 g EnCore	3	None except cool to 4 C	BTEX by 8021B	N		
LE0008-MS	UST-132A6-CS07-CS-LE0008-MS-MS	27 JUL 2000	10:10	8 oz CWM	1	None except cool to 4 C	PAH's by 8310	N		
LE0008-MSD	UST-132A6-CS07-CS-LE0008-MSD-MSD	27 JUL 2000	10:10	5 g EnCore	3	None except cool to 4 C	BTEX by 8021B	N		
LE0008-MSD	UST-132A6-CS07-CS-LE0008-MSD-MSD	27 JUL 2000	10:10	8 oz CWM	1	None except cool to 4 C	PAH's by 8310	N		
LE8001	UST-132A6-SP01-SP-LE8001-REG	27 JUL 2000	11:00	8 oz CWM	1	None except cool to 4 C	Deisel Range Organics by 8015B	N		
LE8001	UST-132A6-SP01-SP-LE8001-REG	27 JUL 2000	11:00	5 g EnCore	3	None except cool to 4 C	Gasoline Range Organics by 8015B	N		

IT CORPORATION
A Member of The IT Group

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

Reference Document No: 132-072700-QST

Sample No	Sample Name	Sample Date	Sample Time	Container		Preservative	Requested Testing Program	Fil	CID	Condition On Receipt
LE8001	UST-132A6-SP01-SP-LE8001-REG	27 JUL 2000	11:00	8 oz CWM	1	None except cool to 4 C	Paint Filter	N		

STL KNOXVILLE

SAMPLE RECEIPT/CONDITION UPON RECEIPT ANOMALY CHECKLIST

Page 1 of 1

CLIENT: It corp. PROJECT: Fort McClellan Lot No.: H062801143

TO BE COMPLETED BY SAMPLE RECEIPT ASSOCIATE:

1. Sample Receipt:	YES	NO	NA
a. Do sample container labels match COC? (IDs, Dates, Times)	✓		
b. Is the cooler temperature within acceptance limits?	✓		
c. Were samples received with correct preservative (excluding Encore)?	✓		
d. Were custody seals present/intact on cooler and/or containers?	✓		
e. Were all of the samples listed on the COC received?	✓		
f. Were all of the sample containers received intact?	✓		
g. Were containers received for VOAs received without headspace?			✓
h. Were samples received in the appropriate containers?	✓		
i. Did you check for residual chlorine, if necessary?			✓
j. Were samples received within 1/2 of the (QAMP) holding time?	✓		
k. Were samples screened for radioactivity?			✓
l. Were client's sample documents (RFA/COC) received?	✓		
m. Has the RFA/COC been relinquished? (Signed, Dated, Timed)	✓		
n. Are test/parameters listed for each sample?	✓		
o. Is the matrix of the samples noted?	✓		
p. Is the date/time of sample collection noted?	✓		
q. Is the client and project name/No. identified?	✓		

SAMPLE RECEIVING ASSOCIATE: Matthew F. Howard DATE: 7/28/00

TO BE COMPLETED BY PROJECT MANAGER :

1. Project manager "Sample Greet":	YES	NO	NA
a. Quote number to be logged-in under 25476			
b. Informed Login associates of special instructions ? per due 8/1	✓		
2. If custody seals were missing/not intact, was client notified?			✓

PROJECT MANAGER : _____ DATE: 7/28/00

Client Sample ID	Analysis Requested	Condition (see legend)	Comments/Action

☐ Client informed on _____ by _____. Person contacted: _____.

☐ Noted actions in comments section above.

☐ No action necessary; process as is.

Project Manager: _____ Date: _____

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SAMPLE LOG-IN (LOT SUMMARY) REVIEW CHECKLIST

CLIENT: ITKnx PROJECT: FTMC Lot No.: H0G280143

TO BE COMPETED BY PROJECT MANAGER:

1. Client Documents (Request for Analysis/Chain of Custody):	YES	NO	NA
a. Was QuanTIMS lot number documented on all paperwork?	✓		
b. Was RFA/COC signed upon receipt, including date/time?	✓		
c. Is preservative check (pH) noted on RFA/COC?			✓
d. Is cooler temperature & custody seal condition noted on COC?	✓		

2. Log-in (Lot Folder) Review:	YES	NO	NA
a. Do client IDs on Client Summaries match RFA/COC?	✓		
b. Were tests/parameters assigned correctly?	✓		
c. Were correct analytical and report due dates assigned?	✓		
d. Has the correct fax due date been assigned to the lot?	✓		
e. Is the correct report format noted in the lot summary?	✓		
f. Is percent moisture logged for samples requiring this analysis?	✓		
g. Are client assigned QC samples properly defined?	✓		

3. Contract/Subcontract Review:	YES	NO	NA
a. Is there a contract number or PO for this work?	✓		
b If the purchase order number is given, is it noted in Lot header?	✓		
c. If samples were subcontracted, was copy of COC in folder?	✓		

4. SDG Review:	YES	NO	NA
a. If SDG is required, is SDG form in Lot folder?	✓		
b Is SDG number noted in Lot header & sample comments?	✓		
c. If SDG is complete, has the due date been revised & marked closed?	✓		

5. Checklist Review:	YES	NO	NA
a. Has Sample Receipt Checklist been filled-out?	✓		
b. Was there a CUR?		✓	
c. Were all issues resolved?			✓

LOT FOLDER REVIEWED BY: [signature] DATE: 7/31/00

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SAMPLE RECEIPT/CONDITION UPON RECEIPT ANOMALY CHECKLIST LEGEND

Item	Condition
Cooler:	1a Not received, COC available
	1b Leaking
	1c Other: _____
Temperature:	2a Temp Blank = _____
	2b Cooler Temp = _____
	(cooler temp should be used only if there is no temp blank)
Container:	3a Leaking
	3b Broken
	3c Extra
	3d No labels
	3e Headspace (VOA only)
	3f Other: _____
Samples:	4a Samples received but not on COC
	4b Samples not received but on COC
	4c Holding time expired
	4d Sample received with < ½ holding time remaining
	4e Sample preservative: _____
	4f Other: _____
Custody Seals:	5a None
	5b Not intact
	5c Other: _____
Chain of Custody (COC):	6a Not relinquished by client
	6b Incomplete information
	6c Other: _____
Container Labels:	7a Doesn't match COC
	7b Incomplete information
	7c Marking smeared
	7d Label torn
	7e Other: _____

Other (8): _____

_____

_____

_____